

## **SPINAL CORD INJURY AND DISORDERS (SCI&D) EXTENDED CARE SERVICES**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook defines the procedures for providing extended care services to eligible veterans with Spinal Cord Injury and Disorders (SCI&D).
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES.** This new Handbook describes the range of the Department of Veterans Affairs (VA) Extended Care (EC) Services available to veterans with SCI&D and the referral guidelines necessary to link them to VA's SCI&D Center (Hub and Spoke) system of care.
- 3. RELATED ISSUES.** VHA Directive 1176 and VHA Handbook 1176.1.
- 4. RESPONSIBLE OFFICE.** The Chief Consultant, SCI&D Service (11S) in the Office of Patient Care Services is responsible for the contents of this VHA Handbook. Questions may be referred to the Chief Consultant, SCI&D at 206-768-5401. Facsimile transmissions may be sent to 206-768-5258.
- 5. RESCISSIONS.** None.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of June 2012.

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**CONTENTS**

**SPINAL CORD INJURY AND DISORDERS (SCI&D) EXTENDED CARE SERVICES**

<b>PAGE</b>	<b>PARAGRAPH</b>
1. Purpose .....	1
2. Background and Authority .....	1
3. Definitions .....	2
4. Scope .....	5
5. Goals .....	6
6. Delivery of Services .....	7
7. Responsibilities of the Facility Director .....	8
8. Construction Issues .....	9

## SPINAL CORD INJURY AND DISORDERS (SCI&D) EXTENDED CARE SERVICES

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook describes the range of the Department of Veterans Affairs (VA) Extended Care (EC) services available to veterans with SCI&D and the referral guidelines necessary to link them to VA's SCI&D Center (Hub and Spoke) system of care.

### 2. BACKGROUND AND AUTHORITY

#### a. Background

(1) **Public Law (Pub. L.) 106-117, the "Veterans Millennium Health Care and Benefits Act" (Mill Bill).**

(a) Prior to enactment of Pub. L. 106-117, the "Veterans Millennium Health Care and Benefits Act" (Mill Bill), VA nursing home care and other VA long-term care services were provided based on the availability of resources.

(b) Pub. L. 106-117, the "Veterans Millennium Health Care and Benefits Act" (Mill Bill), was enacted on November 30, 1999. The Mill Bill provided a requirement for the Department of Veterans Affairs to operate and maintain a program of extended care for veterans.

(2) **Title 38, United States Code (U.S.C.), Section 1710A – Required Nursing Home Care.** This section mandates the Secretary of VA to provide nursing home care which the Secretary determines is needed to:

(a) Any veteran for a service-connected disability, and

(b) Any veteran who has a service-connected disability rated at 70 percent or more. Other veterans may receive nursing home care as resources are available.

(3) **Title 38, U.S.C. ,Section 1710B - Extended Care Services.** This section requires the Secretary of VA to operate and maintain a program to provide EC services to eligible veterans (see par. 3). Such services must include the following:

(a) Geriatric evaluation.

(b) Nursing home care in facilities operated by the Secretary and in community-based facilities through contracts under 38 U.S.C.1720.

(c) Domiciliary services under 38 U.S.C. 1710(b).

(d) Adult day health care under 38 U.S.C. 1720(f).

(e) Such other non-institutional alternatives to nursing home care as the Secretary may furnish as medical services under 38 U.S.C. 1701(10).

(f) Respite care under 38 U.S.C. 1720B.

(4) Veterans with SCI&D are residents in a variety of VA extended care settings. These veterans live in the following VA SCI&D long-term care (LTC) Centers: VA nursing home care units, VA contract community nursing homes, State Veterans' Homes, and in private homes supported by VA non-institutional LTC services. The serious nature of their disabilities makes coordination of their acute, sustaining, and LTC a necessity in order to maximize the individual's functional ability and to prevent, to the greatest extent possible, the secondary medical conditions associated with their spinal cord injury or disease. **NOTE:** *Compliance with the referral guidelines established in VHA Handbook 1176.1 ensures that coordination of care within VA's SCI&D Hub and Spoke system is fully achieved.*

**b. Authorities**

(1) Title 38 U.S.C. 1717, Home health services; invalid lifts and other devices.

(2) Title 38 U.S.C. 1720C, Transfers for nursing home care; adult day health care.

(3) Title 38 Code of Federal Regulations (CFR) 17.38, Medical benefits package. The medical benefits package is available to all enrolled veterans.

(4) Title 38 U.S.C. 1710, Eligibility for hospital, nursing home and domiciliary care.

(5) Pub. L. 106-117, requires VA to operate and maintain a program of Extended Care services.

(6) Pub. L. 104-262, the *Veterans' Health Care Eligibility Reform Act*, (Eligibility Reform) enacted on October 9, 1996. Eligibility Reform required VA to maintain its capacity at 1996 levels to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities; subsequent Pub. L. 107-135, the *Department of Veterans Affairs Health Care Programs Enhancement Act of 2001*, (VA Enhancement Act of 2001) enacted on January 23, 2002, specified how VA should measure capacity within the distinct programs or facilities.

(7) VHA Handbook 1176.1.

**3. DEFINITIONS**

**a. SCI&D Center Services.** The SCI&D Centers system of care includes components of EC services. **NOTE :** *A list of the SCI&D centers is available by calling (206) 768-5401, in VHA Handbook 1176.1, or on the VA internet at [www.va.gov](http://www.va.gov) Public Affairs, Fact Sheets.*

(1) **SCI&D Long-Term Care (LTC) Centers.** SCI&D LTC Centers provide: LTC, long-stay services beyond 90 days, chronic ventilator care, skilled nursing or rehabilitation care for specific conditions or interventions, respite care, hospice care, palliative care (comfort care, death not a predicted outcome); restorative time limited care; rehabilitation therapies; psychological assessment and treatment; social work services; and age appropriate programs for transportation, therapeutic recreation (including outings), and peer support.

(2) **SCI&D Home Care (HC).** SCI&D-HC is provided through the SCI&D Center to veterans, identified by the SCI&D interdisciplinary team, in need of this care and living within a 100 mile radius of the SCI&D Center. Goals of care include maintaining health and fostering independent living.

(3) **SCI&D Respite Care.** SCI&D respite care is recognized as an important consideration for families and caregivers of physically-dependent veterans. Each veteran using attendant care is offered respite care on the SCI&D unit in a VA medical center having an SCI&D center, unless a veteran requests its provision in another setting. The duration of any respite care admission, absent complicating medical factors, is not to exceed 14 days. However, the total of all respite care for a veteran in a year, absent complicating factors, generally does not exceed 30 days.

(4) **SCI&D Referral Guidelines.** SCI&D referral guidelines recommend the conditions for treatment by each element of the SCI&D Hub and Spoke system. It is important that all clinicians be aware of the specific conditions that may confront individuals with SCI&D to ensure that those individuals get the right care, at the right time, in the right place. What may be a relatively minor symptom, or problem in the person without SCI&D, may indicate a grave and even life-threatening problem for the individual with SCI&D. Greater awareness of the specialized health care issues facing persons with SCI&D and guidance about the most appropriate sites of care for various health issues is needed to ensure therapeutically appropriate clinical processes. *NOTE: For a list of SCI&D presenting problems with recommendations for appropriate treatment referrals refer to VHA Handbook 1176.1.*

**b. VA Extended Care Services.** VA extended care services are listed in VHA Handbooks 1140.1, 1140.2, 1140.3, 1140.5, 1143.1, and 1143.2 and include, but are not limited to:

(1) **VA Nursing Home Care Unit (NHCU).** VA NHCUs provide care for veterans who have a primary diagnosis of SCI&D when eligible for care or are difficult to place in the community. Primary resources for care include skilled nursing, physical therapy, occupational therapy, recreational therapy, as well as lifetime care for veterans that are unable to be managed at home.

(2) **Contract Nursing Home Care.** VA may provide institutional LTC to mandatory veterans (see 38 U.S.C. Pt. II, Ch. 17, Subch. 11, par. 1710A) through contracts with community nursing homes. Contract nursing home care is provided on a limited basis to all other enrolled veterans with SCI&D in need of nursing home care while pay arrangements are pursued through Federal, state, community, or personal payer methods.

**(3) State Veterans Homes.** The State Veterans Home Program is a grant program between VA and the state where VA contributes to the costs of construction and a portion of the per diem. A state veterans home is a nursing home or domiciliary for veterans owned and operated by the state in which it provides service. The admission requirements of State Veterans Homes vary from state to state. VA social workers at the VA medical center where the veteran is being treated can provide information about State Veterans Homes.

**(4) Domiciliary.** Domiciliaries are VA facilities that provide care on an ambulatory self-care basis for veterans disabled by age or disease who are not in need of acute hospitalization and who do not need the skilled nursing services provided in a nursing home.

**(5) Community Residential Care (CRC) Homes.** The CRC Program is operated under the authority of 38 U.S.C. 1730 and 38 CFR 17.61-17.72. Any veteran placed in a VA-approved residence in the community is under the oversight of the CRC Program. VA can assist with the placement of eligible veterans in CRC programs.

(a) These programs provide health care supervision to veterans not in need of hospital or nursing home care, but who, because of medical or psychosocial health conditions as determined through a statement of needed care, are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. The veteran must be capable of self-preservation with minimal assistance.

(b) Examples of CRC's enriched housing may include, but are not limited to: Medical Foster Homes, Assisted Living Homes, Group Living Homes, Family Care Homes, and Psychiatric CRC Homes.

(c) Care must consist of room, board, assistance with activities of daily living and supervision as determined on an individual basis.

(d) The cost of residential care is financed by the veteran's own resources.

(e) Placement is made in residential settings inspected and approved by the appropriate VA facility, but chosen by the veteran.

**(6) Skilled Home Care.** Skilled home care is provided by VA or through contract agencies to veterans who are home bound with chronic conditions, such as SCI&D.

(a) Home Care Services. Home care services such as colostomy bag changes, dressing changes, medication administration, prosthetic devices assistance, turning in bed, and transfers are defined as medical services for persons with SCI&D and may be authorized as fee-basis home health services when lack of support within the home requires institutional care and/or these services facilitate discharge from VA to community living.

(b) Fee Basis Bowel and Bladder Care(B&B). B&B care is considered a supportive medical service when provided to quadriplegic and paraplegic veterans who are unable to manage these functions independently. B&B care is regarded as skilled home care that is provided by VA, or

through contract agencies, to veterans that are home bound with chronic conditions such as SCI&D.

1. This program is essential to allowing these veterans to reside in a non-institutional setting, improving quality of life and optimizing the health of this population.

2. The VA standard for B&B care requires that it is provided by a licensed or registered health care provider or a trained paraprofessional working under the direction and supervision of a licensed health care provider.

a. A family member or other care giver may receive reimbursement for provision of B&B care when they have been trained and certified by SCI&D trained personnel as being competent to provide this care.

b. Aside from family members, veterans may also recruit individuals who are willing to receive training from VA to provide these health services at a low cost. This situation is considered better for family psychosocial relationships, and also diminishes the care burden for family caregivers.

**(7) Homemaker and/or Home Health Aide (H/HHA).** The H/HHA Program provides services as an “alternative” to nursing home care. The facility H/HHA Coordinator along with the interdisciplinary team makes a clinical judgment that the veteran would, in the absence of H/HHA services, require nursing home equivalent care.

**(8) Respite Services.** Respite care services provide caregivers a planned period of relief from the physical and emotional demands associated with providing care. These services may be provided by VA SCI&D Centers, VA NHCUs, purchased by VA through contract services or arranged through a community service.

**(9) Home-based Primary Care (HBPC).** HBPC is available in many VA facilities and the HBPC Director is responsible for planning and coordinating admission to HBPC. The SCI&D Primary Care Teams at non-SCI&D Center facilities are to be consulted to assist in planning the care and treatment of the veteran with SCI&D.

#### **4. SCOPE**

a. A broad scope is to be used in determining the needs for placement in a SCI&D LTC Center, NHCU, or an EC service, as age, level of function, level of support, co-morbidities, etc., are highly variable in placement decisions. The objective is to assist the veteran with SCI&D who can no longer live safely and independently within the community due to loss of functional ability and/or caregiver support, or who has co-morbid medical complications requiring ongoing skilled nursing care.

b. The SCI&D system of care includes a component of care that addresses SCI&D LTC. This care is unique as it is provided within SCI&D Services specialty care and is designed specifically for the needs of this population, allowing for more complex medical problems

associated with SCI&D requiring hospital based care, SCI&D home care and SCI&D specialty experience and services. **NOTE:** *The facility SCI&D Service is responsible for this program.*

c. In addition to LTC within the SCI&D Program, the SCI&D Program formally links to Geriatrics and Extended Care and Fee-Basis Services including, but not limited to: VA NHCUs, Contract Nursing Homes, CRC Homes, HBPC, Skilled Home Care, H/HHA, geriatric evaluation and management, and inpatient or outpatient respite services. Such services fall within the domain of the facility Geriatrics and Extended Care Office.

d. Veterans meeting the clinical criteria for SCI&D specialty care (described in VHA Handbook 1176.1) and identified by SCI&D staff as appropriate for LTC or EC services, must be considered for placement in any available SCI&D Center designated LTC bed, appropriate VA NHCU bed, or for EC services.

e. SCI&D and EC service decisions must consider the least restrictive level of care and attempt to incorporate the veteran's and families' personal choices.

## 5. GOALS

a. It is the goal of VA's health care professionals to ensure that veterans with SCI&D are appropriately placed within VA's continuum of EC services in the least restrictive setting. Appropriate VA EC program placement facilitates access to necessary health and social services while maximizing the SCI&D veteran's independence.

(1) A comprehensive combination of services fosters optimal participation in meaningful personal and societal roles, while minimizing activity limitations and secondary complications. For example, EC services may range from alternate emergency personal care attendant plans to prevent unnecessary health care admissions disruptive to social support and community participation, to access to knowledgeable neighborhood-oriented skilled nursing home care that fosters continued community participation, wellness, and satisfaction with life.

(2) Such services need to occur in close proximity to the veteran's residence and active social support systems. The overriding principle associated with such an approach is that availability and access to a unique comprehensive combination of EC resources need to follow, or address, the needs of veterans with SCI&D to assist in accomplishing their participatory goals. **NOTE:** *This approach has been supported and strengthened by the Olmstead Supreme Court decision [OLMSTEAD v. L. C. (98-536) 527 U.S. 581 (1999) 138 F.3d 893], the American Disabilities Act of 1990 (Pub. L. 101-336), and the President's New Freedom Initiative (Executive Order 13217).*

b. SCI&D veterans are placed in a VA nursing home only when their general health status and social circumstances necessitate such placement. Every effort is made to meet the individual SCI&D veteran's EC needs while facilitating the veteran's engagement in all types of community based social and economic activities.

c. Planning for the optimal comprehensive range of VA EC services is to be done at the onset of SCI&D and periodically throughout the lifespan of the individual veteran. Initial

extended care evaluation and planning should be done during the initial rehabilitation phase of new injury and/or disease treatment and is to be reviewed at each SCI&D veteran's annual evaluation.

## 6. DELIVERY OF SERVICES

a. Early, comprehensive planning for the optimal combination of EC services to foster participation in meaningful personal and societal roles while minimizing activity limitations and secondary complications can often minimize the need for institutional EC services. Life care plans are developed by the patient with guidance and information provided by the SCI&D Center social worker and/or SCI&D Coordinator.

b. Decisions for admission to a SCI&D LTC Center or VA NHCU are to be made by a designated SCI&D or NHCU admission coordinator and/or the SCI&D or NHCU interdisciplinary screening or admissions committee.

c. Veterans with SCI&D cared for in an extended care setting will continue to have access to acute and sustaining SCI&D specialty care on a regular and recurring basis as determined by the veteran's needs. The SCI&D Center staff and SCI&D primary care teams (at non-SCI&D Center facilities) provide consultative care to veterans in EC settings, and facilitate referrals for annual evaluation.

d. SCI&D specialty care needs (e.g., surgical or diagnostic procedures, acute rehabilitation, urological complications, seating evaluations, annual evaluation, skin repair, etc.) are referred to the SCI&D Center, SCI&D Support Clinic and/or SCI&D primary care team for review, regardless of the veteran's primary placement.

(1) When SCI&D specialty care needs are identified, the patient is referred to the closest SCI&D Center for care in accordance with referral guidelines in VHA Handbook 1176.1.

(2) Annual evaluation is an important component of maintaining health for people of all ages and durations of SCI&D.

(a) Particularly as one ages, the annual evaluation needs to focus on musculoskeletal issues associated with aging, additional loss of function, potential ventilator use, modified equipment needs, evaluation of mental status and end-of-life care.

(b) A life care plan is a critical component of annual evaluations and needs to address present and future needs to maximize and encourage an independent life style.

(3) SCI&D Primary Care Team member(s) will consult with NHCU staff and residents with SCI&D on a regular and recurring basis, as determined by the resident's needs.

**NOTE:** National education tools are available to LTC staff in focused areas of SCI&D management.

## 7. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for ensuring that:

a. The Resident Assessment Instrument Minimum (RAI)-Data Set (MDS) is used for SCI&D LTC Centers and VA NHCUs that are accredited under The Joint Commission (TJC) LTC standards to assess resident level of function and the development of a treatment plan. **NOTE:** *Quality of care is monitored per TJC and Office of Quality and Performance processes.*

b. Staffing within VA Nursing Home Care Units meets nursing home care requirements and is consistent with MDS generated case mix.

c. SCI&D Center staff and SCI&D Primary Care teams serve as a resource for training NHCU staff.

d. Staffing requirements of VA SCI&D LTC Centers would include: 1.42 nursing Full-time Equivalent (FTE) employee per required staffed bed; one physician for every 25 required staffed beds (plus .5 for administrative responsibilities of the full-time SCI&D Chief); one social worker for every 40 available beds, one psychologist for every 40 available beds and one therapist for every 14 available beds. The need for other personnel such as physician assistants, nurse practitioners, administrative support staff, speech pathologists, vocational rehabilitation specialists, respiratory therapists, dietitians, etc., is critical to SCI&D programs. **NOTE:** *SCI Centers must provide evidence of clinical considerations and/or unique factors when making adjustments to the preceding required staffing.*

e. Veterans admitted for EC in VA NHCUs and SCI&D LTC Centers are medically stable.

f. The SCI&D population is tracked.

(1) The SCI&D population in VA NHCUs is tracked through use of SCI&D-related diagnostic codes and appropriate NHCU treating specialty codes.

(2) The SCI&D population in VA SCI&D LTC Centers is tracked through use of SCI&D-related diagnostic codes and use of SCI&D Bed section treating specialty code 22.

(3) The SCI&D Coordinator tracks patients in the community to ensure that SCI&D specialty care needs, such as the annual evaluation, are appropriately referred to the SCI&D Support Clinic or SCI&D Center.

(4) The SCD Registry is used by the SCI&D Coordinator and SCI&D Center to track care of the population and offer needed services.

g. SCI&D Home Care programs provide outreach to veterans in community nursing home care.

h. All equipment needs are met for eligible SCI&D veterans that include:

(1) Items normally required by contract are those which are for general use, e.g., hospital beds, mattresses, trapeze assemblies, side rails, over-bed tables, bedside tables, etc. If contract community nursing homes or state homes are required by contract or regulation to provide specified appliances, equipment, or supplies, the VA needs to ensure that the appropriate items are furnished as it is delineated in the care plan and contract.

(2) Items which are not furnished by a community nursing home by contract and which are intended for the personal use of the veteran, e.g., artificial limbs, braces, hearing aids, eyeglasses, walkers, canes, crutches, wheelchairs, cushions, etc.

i. The SCI&D veteran is assessed annually, or as needed, for modifications or additions of equipment needs.

## **8. CONSTRUCTION ISSUES**

Structure and function of the NHCU care environment of care are as important as the relationships between nursing home residents and care providers. Design elements for SCI&D LTC may be found in the current SCI&D Design Guide at: [http://vaww.va.gov/facmgt/standard/dg\\_clinic.asp](http://vaww.va.gov/facmgt/standard/dg_clinic.asp). Functionality and environmental consideration are important to creating an environment supportive of quality of life.